	Effective December 8, 2004									10/550718			
		CLAIMS	AS FILED		1			SMALL EI	VTITY	OI	OTHE	R THAN ENTITY	
U.	S. NATIONAL	L STAGE FEES		mn 1)	T	(Column 2)	7	RATE	FEE	<del></del> 1	RATE	7	
BÁSIC FEE				T = \$ 160		RGE ENT. = \$ 300	┨	<b> </b>			<b> </b>	FEE	
				SMALL ENT. = \$ 150  Satisfies PCT Article 33(1)-		other situations =	-	BASIC FEE	<b></b>	_  0	R BASIC FEE	1500	
	AMINATION F	-tt	(4) = \$5	(4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	Za	
SEARCH FEE			ALL other o	ALL other countries = \$ 200 / \$ 400		other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			mir	nus 100 =		/ 50 =		X \$ 125 =		ti ki	X \$ 250 =	:	
то	TAL CHARGE	ABLE CLAIMS	/5 minus 20 =		•			X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS			12	minus 3 =	*			X \$ 100 =		OR	X \$ 200 =		
MUI	LTIPLE DEPE	NDENT CLAIM PE	RESENT			Ø		+ \$ 180 =		OR	+ \$ 360 =	136	
• If	If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL		
AMENDMENTA		(Column 1) CLAIMS REMAINING		(Colum HIGHE NUM8	ST	(Column 3)		SMALL	ADDI-	OR	SMALL	ADDI-	
			1		ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	<u> </u>	=		X \$ 25 =		OR	X \$ 50 =	-	
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C			LAIM		ı	+ \$ 180 =		OR	+ \$ 360 =	·		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		
								,,,,		_	***	<b></b>	
	<del></del>	(Column 1)	, <u> </u>	(Column Highes		(Column 3)	г			7 5			
}		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL - FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	ſ	X \$ 25 =		OR	X \$ 50 =		
	ndependent	•	Minus	***		=-		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					ſ	+ \$ 180 =		OR	+ \$ 360 =			
			· , , è · , ,	<del></del>			•	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
** #	the "Highest Nur	mn 1 is less than the mber Previously Pak	For IN THIS SPA	ACE is less th	an '20'	, enter <b>"20"</b> .						•	
_		mber Previously Paid ber Previously Paid				•	the	sppropriate box i	n column 1.				

FORM PTO-875 (Rev. 02/2005)

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